

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Dental Controlled Substance Registration Renewal

You may renew your registration online at www.pla.in.gov or complete and mail this document with the renewal fee of \$60 to the office address shown above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after your registration expiration date you must include a \$50 late fee. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal. You must print and complete a renewal for each CSR you would like to renew.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter CSR Number	Expiration Date	Renewal Fee
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
QUESTIONS			
1. Since you last renewed, has there been an occasion where you have not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?			YES NO
2. Since you last renewed, has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances?			YES NO
3. Since you last renewed, have you been convicted, pled guilty, or pled <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has <i>not</i> been expunged under IC35-38-9?			YES NO
4. Since you last renewed, have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?			YES NO
5. Since you last renewed, have you had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances?			YES NO
LICENSEE AFFIRMATION			
I hereby swear or affirm under the penalties of perjury that I understand the State Board of Dentistry statutes and rules and have answered the questions true to the best of my knowledge.			
Signature of Licensee		Date (month, day, year)	

Visit us on the web at www.pla.in.gov for additional information regarding your licensure, including CE requirements and name change requests or email the Board at pla8@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date